



Atty. Dkt. No. 046983-0101

AF/3627
Tmt

Applicant: A. Maxwell Eliscu
Title: SYSTEM FOR AND METHOD
OF PROVIDING FINANCIAL
AND TRANSACTION
MANAGEMENT SERVICES
OVER A NETWORK

Appl. No.: 09/666,978

Filing Date: 09/20/2000

Examiner: James A. Kramer

Art Unit: 3627

<p>CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.</p> <p><u>Callie M. Bell</u> (Printed Name)</p> <p><u>Callie M. Bell</u> (Signature)</p> <p><u>March 22, 2005</u> (Date of Deposit)</p>

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated 12/22/04, and in the Advisory Action dated 02/08/05, finally rejecting Claims 1-19, 25-29, 31-35, 37, 40-43, 46, and 48.

☒ Applicant claims small entity status.

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

☒ Notice of Appeal Fee

☒ To be paid as detailed below

☐ Not required (Fee paid in prior appeal)

03/24/2005 NNGUYEN1 00000029 09666978

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250.00 DP

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input type="checkbox"/>	Extension month:	\$0.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$500.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$250.00
	TOTAL FEE:	\$250.00

☐ Please charge Deposit Account No. 50-2350 in the amount of \$250.00. A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$250.00 is enclosed.

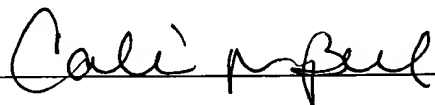
☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-2350. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-2350.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date March 22, 2005

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 Facsimile: (608) 258-4258

By 

Callie M. Bell
 Attorney for Applicant
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